

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO	FILING DATE
							APPLICANT(S)	
CLAIMS								
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1						51		
2						52		
3						53		
4						54		
5						55		
6						56		
7						57		
8						58		
9						59		
10						60		
11						61		
12						62		
13						63		
14						64		
15						65		
16						66		
17						67		
18						68		
19						69		
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23						73		
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31						81		
32						82		
33						83		
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35						85		
36						86		
37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND						TOTAL IND		
TOTAL DEP						TOTAL DEP		
TOTAL CLAIMS						TOTAL CLAIMS		